

2252

## BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Apache State Arizona State File No. 4a  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City St. Johns No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Velma Sherwood  
 (a) Residence. No. St. Johns St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? ys. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED.  
 (Write the word) Single

6a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days IF LESS than 1 day or min.  
8 3 9

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School girl  
 (b) General nature of industry, business or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (city or town) St. Johns, Arizona  
 (State or country)

10. NAME OF FATHER John W. Sherwood

11. BIRTHPLACE OF FATHER St. Johns  
 (State or country) Arizona

12. MAIDEN NAME OF MOTHER Adelaide Louise Jones

13. BIRTHPLACE OF MOTHER St. Johns  
 (State or country) Arizona

14. Informant John W. Sherwood

(Address) St. Johns, Arizona

15. Filed \_\_\_\_\_, 19 \_\_\_\_\_

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 30 1929  
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from  
Saw immediately after death, 19 \_\_\_\_\_

that I last saw her alive on Dec 29, 1929.

and that death occurred, on the date stated above, at 8 A m.  
 The CAUSE OF DEATH\* was as follows:

Apparently acute indigestion

(duration) Few hours yrs. mos. ds.

CONTRIBUTORY  
 (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted  
 if not at place of death?

Did an operation precede death? NO Date of \_\_\_\_\_

Was there an autopsy? NO

What test confirmed diagnosis? examination

(Signed) J. J. Bourdieu, M. D.  
Dec 30, 1929 at St. Johns, Arizona

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

St. Johns, Arizona

Dec 31, 1929

20. UNDERTAKER

ADDRESS

Neighbors

St. Johns, Ariz.,

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.